

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
ALCOHOL AND DRUG PROGRAM ADMINISTRATION

PROVIDER BRIEFING AND PLANNING SESSION
Friday, July 17, 2009

QUESTIONS AND ANSWERS

General

1. John, as you are aware a recent document has been produced by the Make a Case for AOD services in Los Angeles County. It shows a tremendous cost savings. Have you and Dr. Fielding received it? It's great.

Yes.

2. What ideas/strategies is LA County taking for 2010-11 when Byrne money expires for SACPA (Proposition 36)?

LA County plans to work with providers and other stakeholders over the coming year to develop a plan for addressing mandated requirements to provide treatment services for non-violent drug offenders should dedicated State funding for SACPA (Proposition 36) no longer be available after June 30, 2010 or when the one-time Byrne funding expires.

3. Any plans to cut from the top (admin staff and salaries)?

Yes, the Department of Public Health and its Alcohol and Drug Program Administration will also be experiencing reductions to administrative staff and operational expenses proportional to the overall reductions to its allocation from the State.

4. How can you join the Making the Case meeting?

The "Making the Case for Alcohol and Other Drug Services" work group is an ad hoc group of providers established last spring from the advisory group for the Los Angeles County Evaluation System (LACES). Providers wanting to participate in the work group meetings should express their interest by sending a message to 1waynesugita@ph.lacounty.gov.

5. How does our agency become part of the process in helping you develop this vehicle to show the positive results of treatment for our target population, "dual diagnosed"?

Providers can contribute in this effort by participating in various provider associations, communicating with their County, State, and federal elected officials, and participating in the various projects conducted by ADPA to advance the field, such as the Performance-based Pilot Project, the Network for Advancement of Addiction Treatment (NIATx) process improvement project, and the Pomona Partnership on Alcohol and Other Drugs. Providers can express their interest in participating in these and other ADPA projects by sending a message to 1waynesugita@ph.lacounty.gov.

6. What happened to raising the State liquor excise fee?

As of July 31, 2009, Assembly Bill 1019 (Beall) was still active and being considered by the Assembly Health Committee. The bill proposed to raise the excise fee on alcoholic beverages and to use the revenue for alcohol abuse programs.

7. How will you maintain the long standing principle to not tear down current services in order to bring up new services?
Where is ADPA going, where are you taking the field? What is the overall plan for the County?
Don't cuts in treatment services require increases in prevention services, particularly to underserved Spanish and Chinese speaking residents?

Los Angeles County is considering the most effective and efficient manner in which to make alcohol and other drug prevention and treatment services available for residents, given the reduced federal, State, and County resources available for such services. Key aspects of this effort will be to establish a coordinated continuum of alcohol and other drug services, to implement evidence-based and culturally and linguistically appropriate prevention and treatment approaches, to implement performance-based contracts, and to conduct periodic rebidding of specific services to address continuing and emerging conditions.

8. Was the voluntary reduction memo sent out to providers intended to be sent to prevention providers, too – or was that an administrative mistake?
The County sent out a letter offering a 1 to 2 year extension if providers agree to a voluntary budget reduction. How will this affect the re-bidding process?

The letter sent to providers by DPH was an exploratory activity and specifically pertained to contracts supported by County General Fund monies. Since almost all ADPA contracts are funded by federal and State grant sources, these contracts are not eligible for the voluntary reduction leading to extension.

9. What can we do as a group to show legislatures the value of funding services that we provide?

Providers should participate in the educational activities of the various provider associations such as the California Association of Alcohol and Drug Program Executives and the Coalition of Alcohol and Drug Associations. Providers and community members should also keep their County, State, and federal elected officials informed of their program successes and activities.

10. Please provide an update to the BOS recommendation to merge ADPA and Department of Mental Health (DMH).

The Chief Administrative Office is presently preparing its report and recommendations to the Board of Supervisors on the transfer of APDA to DMH. Input was obtained from the Commission on Alcoholism, the Mental Health Commission, the Narcotics and Dangerous Drugs Commission, the Department of Mental Health, and the Department of Public Health (DPH).

11. Substance abuse often plays a secondary role to DMH when addressing services for persons with co-occurring mental health and substance abuse problems. What strategies are taking place to address this?

ADPA and DMH are presently discussing ways to more effectively provide treatment services for persons with co-occurring mental health and alcohol and other drug problems. The two agencies expect to complete an interdepartmental agreement in the near future that will define the relationship between their two systems of services and how services will be provided for persons with these co-occurring problems.

Contracts

12. Why isn't contract renewal based on performance rather than mass re-solicitation?

ADPA has initiated a pilot project on performance-based contracting, and the results from the pilot have not been fully analyzed. Performance measures and outcomes that have been validated by ADPA's stakeholders must be added to the contracts before ADPA can base contract renewal on agencies' performance.

13. How can DMC services/trainings/info be disseminated to assist with State audit recoupments?

ADPA will initiate provider meetings and training sessions with DMC providers in September to assist contracted providers in meeting Title 22 and contractual requirements. These sessions will be held quarterly.

14. If contracts change more than 25 percent, will programs have an idea of their funding even though process to Board may take a while?

Yes, providers will be advised immediately of their revised funding as soon as the State budget is signed by the Governor, and before the contract amendment is processed. Providers will be given flexibility in how cuts are applied to the modalities within each funding stream.

15. Any plans to standardize and reduce requirements of contractors?

ADPA is in the process of reviewing all contracts in preparation for the planned re-solicitation of contracts, and will look to standardize them and possibly reduce requirements. However requirements dictated by federal, State, and County rules and regulations can not be eliminated.

16. How much advance notice will the providers get to make necessary adjustments to our programs?

ADPA will make every effort to provide sufficient notice to providers about changes in services or funding.

17. When we serve the adolescent population and we want to provide praise and show success in being clean and completing program. How could the provider give reward as recovery growth who have shown success in their lives. Adolescents need celebration and acknowledgement. Could small amounts of monies be used for this practice? State Auditors shared contract would have to be amended. To State small amounts could be used. Is this possible? Please would like to support youth.

With the exception of Drug Medi-Cal contracts whose reimbursement structure is governed by the California Department of Alcohol and Drug Programs and Title 22, ADPA providers can allocate a minimal part of the budget to client incentives, provided 1) the agency has a written policy defining the conditions for their use, the type(s) of incentives available, and the maximum value; 2) the policy is inline with published adolescent specific evidenced-based practices; and 3) the policy and the appropriate budget line-item were pre-approved by the agency's ADPA Contract Program Auditor. Incentives may only be used to acknowledge accomplishment of specific treatment benchmarks (e.g. completion of a treatment phase, successful graduation), and may not be used as an incentive to enroll or for non-treatment related activities. However, ADPA does not pay separately for incentives, so the cost must be incorporated in the agency's budget.

18. In the pursuit of advocacy for substance abuse programs and services, how do you maintain and protect client's confidentiality (HIPAA) and CFR 42?

Programs must obtain a client's approval to release information that will be used for advocacy for substance abuse programs and services. Success stories may also be told without using specific information that can identify clients.

As far as ADPA data system security is concerned, under County guidelines, ADPA servers are located at the County Internal Services Division Data Center where the most sophisticated security features have been implemented. ADPA systems utilizes a high level of security ranging from application level to access requirements such as the mandatory use of SecurID authentication token cards which is built upon the Advanced Encryption Standard algorithm, a recognized standard that is continuously scrutinized and challenged by cryptologists around the world to ensure its strength and dependability.

Finance

19. I've been informed by our revenue team that DMC billings cannot be entered due to the State's lack of budget. Please provide guidance to the potential cash flow issue.

The lack of a State budget does not necessarily have an effect on your ability to submit DMC claims. ADPA's DMC system allows for the billings to be entered into the system as usual. At this time, we are not delaying any DMC contract payments; however, county policy on this issue could change if state payments to the county are further delayed.

20. Incentive-based/contingency management requires non-supply type purchases that are not allowed through our budgets. Please advise.

The funding sources that support your budgets would still carry the same spending restrictions as they always have. If there is a particular question on an allowable cost, please consult with your contract monitor.

21. How will the County handle provider overpayments if Prop 36 funding is eliminated? For example, we are paid for services rendered in July and August, but, it is determined that funding for Prop 36 is eliminated effective back to July 1. Will we have to pay the County back for those two months even though services were rendered?

The final State Budget did not eliminate Prop 36 funding but did reduce it by approximately 37%. Therefore, funds will be available for services rendered in July and August. Please note that if you maximized your 1/12th contract amounts for those months, less funds will be available for the remaining months. This is because your annual contract amount will reflect the state reductions.

22. Are we expecting any stimulus money to help our prevention budgets?

We are not aware of any stimulus money for the prevention programs. However, these programs were not impacted by the current budget reductions.

23. Will new budgets have to be done for 25 percent reductions on renewal contracts for CALWORKs and Proposition 36?

Yes, budgets are required any time there is a change in funding.

Information Systems

24. Request for additional trainings/data management

ADPA Information Technology (IT) help desk is always available for any IT inquiries and support. Please contact ADPA Information Systems at (626) 299-4546 to arrange for application training.

25. Can there be a program that monitors outcomes so that the tracks of results can be the same around the table?

Since 2004, ADPA in its collaboration with UCLA has actively examined these and additional Los Angeles County Participant Reporting System (LACPRS) variables. The Site Reports created by UCLA through the Los Angeles County Evaluation System (LACES), utilize many of these variables. In addition, LACES has and continues to conduct pilot projects which integrate many of these questions.

26. NCADD ESGV & Pomona - We have any old non-active secure identification card. How should we dispose of it?

Unused or expired SecurID Cards are no longer valid for system access and pose no threat to data security and privacy. Provider can mail the cards back to ADPA.

27. Will the TCPX system be updated to include the next Court date of Prop 36 clients?

From the beginning, Treatment Court Probation Exchange (TCPX) was designed with the importing features directly from the Trial Court Information System (TCIS). However, in some situations, the next Court date may not be available for TCPX to capture from TCIS. ADPA is continuing to work with Superior Court to resolve any potential issues. In the meantime, the providers are recommended to contact the court liaison for any clarification.

28. Can we have comprehensive TCPX training both for CASC and Treatment to assure accurate data collection?

Yes, ADPA Information Systems staff routinely schedules and conducts comprehensive trainings based upon the needs of providers. Please contact ADPA Information Systems at (626) 299-4546 to arrange for training.

29. Why aren't we using the LACPRS data to look at outcomes? We have reunification #s, employment #s, schools, completion rates, and retention rates. Why don't we use it?

[Note, same response as question 25, above]

Since 2004, ADPA in its collaboration with UCLA has actively examined these and additional LACPRS variables. The Site Reports created by UCLA through the Los Angeles County Evaluation System (LACES), utilize many of these variables. In addition, LACES has and continues to conduct pilot projects which integrate many of these questions.

30. Interested in receiving a LACPRS training for new staff.

[Note, same response as question 24, above]

ADPA Information Technology (IT) help desk is always available for any IT inquiries and support. Please contact ADPA Information Systems at (626) 299-4546 to arrange for application training.

31. Regarding LACPRS, 1) Is there a way for providers to run reports in an attempt to do QA on our data? e.g. admissions/discharges; 2) To obtain demographic information, etc., to assist programs for potential trends watch; and 3) not youth specific.

LACPRS has been developed with built in reporting capabilities to provide overview of client demographic and admissions and discharges status. Please contact ADPA Information Systems for training/support inquiries on reports at (626) 299-4546

32. Can the County ISD provide a file “dump” to the providers in a specified format? This would allow us to program the data for our own purposes.

ADPA Data collection system is dynamic to enable import and export interfaces. Customized layouts would be discussed on individual circumstances. Contact ADPA Information Systems at (626) 299-4546 for inquiries.

33. How can we provide “accurate and reliable” data when the database LACPRS does not allow it, even after repeated expressed concerns. For example, if a youth is not available for the exit interview, we are forced to enter hypothetical data in order to discharge/dose the case.

If a client is not available for an exit interview then the only questions that are required are the discharge date (last face to face), discharge process date, Discharge Status, Primary Problem, and Secondary Drug Problem. ADPA Information Technology is open to any programmatic recommendation and discussion per community based workgroup approval.

34. Accurate data gathering and follow up on clients needs to be handled by a central office through ADPA. If it becomes a responsibility on the behalf of the CASC or treatment agencies, there will not be a comprehensive systematic accurate data collection.

The responsibility for accurate data collection and entry rests with all the stakeholders. ADPA has a number of vital web-based data entry systems that are used to gather participant information. The primary system is the Los Angeles County Participant Reporting System (LACPRS) which collects registration and discharge data on all participants entering treatment from ADPA contracted treatment and recovery agencies. Programs may access this system information at any time to enter and update participant information.

The Second is ADPA's automated billing system. Treatment programs may use this web-based system 24 hours-seven days per week to submit their monthly billing invoices for payment. Because of ADPA's web-based application, programs are able to submit and receive payment in a very timely and efficient manner. ADPA is frequently required update the Board and other governmental agencies to provide an analysis of the clients served in our treatment network; these systems along with the Community Assessment Service Centers (CASC) Data Reports form the hub of that information.

The CASC Monthly Reports system is a web-based application that captures information on persons referred from the courts, other County departments, health and human services agencies, as well as community clients seeking treatment services. The CASC assess, refer, and track participants who receive treatment services within ADPA's network of contracted agencies. ADPA's Information Systems Division continues their work to integrate the various systems into one comprehensive business application. This is a very intricate process that will slowly transition our ADPA systems over time. In the interim, stakeholders must continue working together and holding each other accountable to maintain the integrity of the data systems current in use. Together we and must make the best possible use of the systems currently available.

Programs

35. If we discharge after 90 days, how will we bill for the one aftercare visit?

All Proposition 36 participants regardless of level who are in primary treatment or in Continuing Care prior to July 1, 2009, will be provided with one (1) continuing care visit to transition out of the Proposition 36 program. No changes will be made to the billing process under the aftercare/continuing care piece of the program. Treatment programs will bill and be reimbursed for one face-to-face group unit of service, just as they do under the current system.

36. Who will pay for the drug tests?

Effective July 1, 2009, all Levels of Proposition 36 treatment services may bill – One (1) random observed drug test every other week for the duration of primary treatment. Drug testing beyond the approved level must be covered by non Proposition 36 funding. Programs retain the authority to conduct an immediate drug test on site where there is suspicion and clinical necessity of relapse. Drug testing will continue to be provided by the Laboratory Corporation of America (LabCorp).

According to SDADP's Bulletin #09-08, dated July 20, 2009, "Substance Abuse Prevention and Treatment Block Grant (SAPT) Substance Abuse Treatment and Testing Accountability (SATTA) funds may be used for drug testing and for other purposes allowed under SAPT. SAPT SATTA funds may be used for drug testing provided it is part of the client's treatment plan and not a stand alone program or initiative."

37. What happens if Proposition 36 goes away and only OTP funding is left?

The Offender Treatment Program (OTP) is a funding source for clients under the Substance Abuse Crime Prevention Act of 2000, also known as the Proposition 36 Program, approved by Governor in 2006 as a way to enhance treatment outcomes; offender accountability; show rates; retention; and completion outcomes under the Proposition 36 program. ADPA is currently awaiting direction from the State Department of Alcohol and Drug Programs to address any significant requirements under OTP.

38. What happens if CALWORKs supportive services, drug treatment goes away?

CalWORKs treatment services are an integral part of the federal Temporary Assistance for Needy Families (TANF) program, also known as CalWORKs. Language in the Budget Bill requires that decisions on CalWORKs funding will be at the discretion of the County Department of Public Social Services (DPSS). Future CalWORKs funding will be determined by DPSS and County needs.

39. If Prop 36 funding is cut, how fast will County respond?

Based on the Governor's final budget, funding appropriated under the Substance Abuse and Crime Prevention Act of 2000 was eliminated. However, funding under the Offender Treatment Program in the amount of \$63 million statewide will be allocated to the program. Programs will receive a 30-day notice on any contractual changes.

40. What is your plan to allocate Prop 36 funds? Is it to allocate by region, Supervisorial District, by negotiation, or by Court districts?

The ADPA distributes allocated Proposition 36 funds:

- a) By SPA (Service Planning Area) and need for services.**

- b) **By Special Needs Populations as dictated by Federal, State and County regulations and program requirements.**
- c) **By treatment modalities needs and on utilization and successful outcomes (e.g., treatment rates).**
- d) **By previous allocation models.**

41. Under Proposition 36, if a client relapses while monitored under the new provisions of treatment, are they referred back to the court and level increase is offered to the participant? Or are they detained?

Relapse is seen as normal part of the treatment process and does not in and of itself require a referral back to Court nor an increase in level. Under the guidelines of the Proposition 36 Services Matrix, treatment level modification procedures states, if a participant fails three (3) Treatment tests or three sessions/meetings or a combination within a 30-day period, the provider 1) contacts the Deputy Probation Officer (DPO) within 48 hours of latest incident; and 2) Conducts mandatory individual session with probationer within 72 hours or incident to develop Level escalation where clinically indicated. Changes in Level are reflected in the participant's treatment plan. The program must notify the DPO and the Court of immediate phasing up into higher level, with the exception of Level III, which is restricted to Residential Treatment. The Courts must approve moves up to Level III.

42. Participant will be discharged from the TCPX page when he/she goes to his/her final court appearance, or when he/she shows up for the only follow-up after completion of the program.

The client is discharged from treatment LACPRS and readmitted to Continuing Care. The agency is also required to complete the participant Discharge Report in TCPX within the prescribed time frames.

43. One UA testing every other week now. Does this apply only to Prop 36?

Yes.

44. For residential program, when someone had previous treatment days from another facility and this gets added up to the current facility. Does the 60 days court reporting count or is it the number of days in the current facility? 60 days/180 matrix.

An agency must remain within the limits of treatment services set at 90 days for Level 1 and 180 days for Levels 2 or 3. Reports to the Court coincide with the dates for the Court appearance. If the 60 day Progress Report comes due for the client's next Court appearance, the Court will be expecting the client to bring in a Progress Report outlining the status on their participation in treatment. The agencies will need to work together to produce a Progress Report for the Court.

45. During the 90 day outpatient treatment period, what services will be offered to the participant? How will the one continuing care visit be funded and as a treatment provider, how does my organization become eligible to provide these services?

If your agency is not currently a Proposition 36 contracted agency, you cannot provide Proposition 36 services. You can submit a proposal when a Request-For-Proposals Proposition 36 re-solicitation is announced.

To receive information on when "new" Proposition 36 funding becomes available, please contact the Alcohol and Drug Program Administration (ADPA) at (888) 742-7900 and

request to placed on “The Bidders’ List”. An application for the Bidders’ List will be sent to you. Agencies on the ADPA Bidder List receive notification of all funding solicitations.

46. Level III participants are in primary residential treatment for 90 days. How do residential providers report to the Court concerning final review and dismissal at the 180 day mark?

The Progress Report at the 180 day mark will be completed by the agency of record at that time. Progress Report comments from the Level 3 Residential Treatment provider can be done at the 60 day mark and entered into the TCPX (Treatment Court Probation eXchange). At the 90 day completion from Residential treatment, the agency shall record the successful discharge onto the Los Angeles County Participant Reporting System (LACPRS), and TCPX.

47. Prop 36 - What is the procedure when we received termination or discharge prior to 60 days? Do we refer clients back to Court? CASC? Post to TCPX and fax to Court? Call Court Area Coordinator?

If a client is terminated (before the 60 day reporting period) for non-compliance, the agency should notify the Court and Probation, if they are not going to re-admit the client. If the agency is no longer willing to “accept this client,” (and this is the first Grant of Probation) then the agency must notify the Court that the client is no longer treated at the facility, and the participant may be referred to another agency. Treatment programs are reminded that all information in relation to the client’s progress or lack there of, should be documented into the TCPX system.

48. How does having undedicated Courts save money if Court Coordinator needs to be assigned, new IT equipment purchased and installed, training and staffing needs to be implemented for TCPX and Courtroom time will be increased due to the loss of experienced Commissioners, Judges, and staff?

The decision to disband the dedicated courts under the Proposition 36 program was made by the Los Angeles County Superior Courts as a way to address the shortfalls in funding experienced by this body.

49. How do we avoid photoshopped progress reports?

The concern of photoshopped progress reports is an issue of great concern to ADPA as well as to the other stakeholders in the program. The issue is scheduled for discussion by the Proposition 36 Executive Steering Committee to be convened in August 2009.

50. Is the Court Area Coordinator staffed by the CASC or the Court? If not, can the CASC provide this service?

The Court Area Coordinators are court personnel, assigned to address issues on Proposition 36 for designated Courthouses. A list of the Proposition 36 Contact list was sent by e-mail to all Executive Directors in early July 2009, and will be updated periodically and redistributed when changes to the list are made by the Los Angeles County Superior Court.

51. Proposition 36 continuing care – If we discharge at 180 days and the matrix indicates no continuing care, what was the directions from Linda Dyer referring to “see them for one continuing care activity”? Is this only for clients active in after care prior to July 1, 2009, or is this for clients who complete primary treatment after July 1, 2009 as well. Is that “one activity” billable?

Continuing Care/Aftercare services will no longer be offered under the Proposition 36 program. Programs are encouraged to maintain alumni groups, on site self-help meetings

such as Alcoholic Anonymous, or Narcotic Anonymous meetings to support participants continued sobriety and linkages to other recovery support activities in the community. All Proposition 36 participants regardless of level who are in primary treatment or in Continuing Care prior to July 1, 2009, will be provided with one (1) continuing care visit to transition out of the Proposition 36 program. Participants admitted after July 1, 2009, should be prepared for the termination of all treatment services after their 180 days in treatment are completed. Participants should be connected to and encouraged to participate in recovery support services as part of their continued sobriety commitment.

52. Why are we continuing CASCs when their primary function, Prop 36 client referrals are no longer needed and treatment is a higher priority?

The CASC are responsible for conducting individual assessments, referral to treatment services, tracking, and placement for each eligible Proposition 36 participants, based on the level and severity of his/her alcohol or other drug (AOD) problems. CASCs are referral centers for any substance abuse clients referred to them, including Proposition 36 and other clients funded by other sources of funds.

ADPA implemented and monitors a monthly reporting mechanism that tracks the number of assessments, referrals, and treatment placements by each individual CASC. This report is available for discussion at the monthly CASC Area meetings, which providers are encouraged to attend. Treatment providers may review CASC referrals to all contracted providers monthly.

53. What happens to Prop 36 client who were admitted before July 1, 2009? Will they be using new guidelines or continue to be under old rules?

All Proposition 36 clients who are involved in Proposition 36 on or after July 1, 2009 are affected by the guidelines set out in the ADPA Bulletin 09-01. This includes clients who cases were opened prior to July 1, 2009.

54. Is there any way to limit individuals to only one grant of probation under Prop 36 rather than the two or more they are eligible for today?

No, the Substance Abuse and Crime Prevention Act of 2000 clearly allows for a maximum of two grants of probation per participant.

55. At the last Prop 36 meeting, we were directed to print the TCPX report and give to the client to take to Court. Ms. Dyer just said that all the new Prop 36 Courts can now view the TCPX. Does this make it unnecessary to give report to client?

The TCPX report must be printed and given to the client to take to Court. The issue of TCPX access and use by the Courts, is a scheduled item for discussion by the Proposition 36 Executive Steering Committee to be convened in August 2009. Agencies will be notified if there are any changes.

56. Any cuts planned for CASC sites?

With respect to the recent budgetary developments in the State budget, all aspects of the Proposition 36 program are under review.

57. What is Byrne JAG Funds? Is it new, stimulus money, or pre-existing committed?

The Byrne (JAG) funds are federal dollars allocated to states which have historically funded law enforcement projects and other criminal justice programs. A total of \$45

million of the Byrne Funding will be allocated to the Offender Treatment Program, which is a funding source under the Substance Abuse Crime Prevention Act of 2000.

58. Level II Proposition 36 clients receive 180 days of service. Does this mean that they would be required to attend 5 days a week for this period? 180 days. Please reply.

Level 2 clients can receive “up to” 180 days of service.” As per the New Services Matrix (rev. 7/1/09) clients in Level 2 out-patient services can receive between a minimum of three to a maximum of five sessions per week.

59. One time Continuing Care Visit with CBP or the CASC before discharging client? from computer after d/c from CBP.

This Question is unclear. Please see Question 36 above for instructions on Continuing Care Visits.

60. The continuing conflict of interest with regards to the CASC delivering the same services as the providers that the CASC are supposed to be referring client to. With the looming budget cuts, this becomes an even bigger issue in the interest of fairness, this should be addressed.

The CASC are responsible for conducting individual assessments and referral to treatment services, tracking, and placement for each eligible Proposition 36 participant, based on the level and severity of his/her alcohol or other drug (AOD) problems.

ADPA implemented and monitors a monthly reporting mechanism that tracks the number of assessments, referrals, and treatment placements by each individual CASC. This report is available for discussion at the monthly CASC Area meetings, which providers are encouraged to attend. Treatment providers may review CASC referrals to all contracted providers monthly.

61. CALWORKs – What if there have been staff changes since the 2008 survey? Changes that include new mental health staff that were not there at the time of the survey.

Programs are encouraged to continue efforts to identify and serve CalWORKs participants with COD. Programs may expect that the CalWORKs request for proposals will include services to this population.

62. For Prop 36 services, can the one (1) continuing care visit be an individual visit?

No, under the Continuing Care component, a treatment provider may only bill “one face-to-face group contact”.

63. Are we eligible in LA County for OTP without designated Prop 36 Courts.

Yes.

64. We have been told that Byrne money will not augment Prop 36 as of July 16, 2009. What do you know Provider associations don't?

Based on the Governor's final budget, funding appropriated under the Substance Abuse and Crime Prevention Act of 2000 was eliminated. However, funding under the Offender Treatment Program in the amount of \$63 million statewide will be allocated to the program.

Re-solicitation

65. Will there be competitive bids for Block Grant?

The federal block grant is one funding source for the competitive bidding process. State and local funds will also be allocated for this process.

66. Can new providers bid on the contracts? When? When will the RFP process begin?

Yes, all eligible providers will be able to bid for new contracts when the Request for Proposals become available during Fiscal Year 2009-2010 or later.

67. How can newer providers break into the funding already being provided to the same providers every year?

Newer providers will need to submit a proposal in response to a Request for Proposals in order to be considered for a future contract.

68. How will you maintain the current treatment system of care under a re-solicitation process?

As a result of the re-solicitation process, the Department of Public Health intends to establish regional networks from which a person can access all levels of treatment similar to the current system of care.

69. Why are you re-soliciting multiple services at the same time? Why isn't the effort staggered to level out disruption to agencies, communities, and ADPA?

The number and frequency of Request for Proposals has not been determined by the Department of Public Health. Every effort will be made to stagger the re-solicitations to minimize any disruption in services.

70. Will all County contracts such as G.R.O.P, R.C.R.P, & Prop 36 go out for RFP every fiscal year? If so, will this be ADPA's new policy?

The number and frequency of Request for Proposals has not been determined by the Department of Public Health. Information regarding the solicitation process will be posted on the Alcohol and Drug Program Administration web site, as they become available.

71. Is there any consideration of not re-doing the RFP process next year knowing how costly it is - and how bad the economic climate is?

The Department of Public Health will be reviewing the impact of local, State, and federal funding levels in determining the release of any Request for Proposals.

72. What services will be considered for re-bidding? What can we do as an agency to prepare? Or do you have any suggestions for this process?

The type of services for each Request for Proposals has not been determined by the Department of Public Health. Any agency can prepare for the solicitation by participating in the Department of Public Health's SPA-based provider meetings that started in July 2009. The provider feedback and recommendations are part of the Request for Proposals planning process.

73. What reductions in \$ will UCLA/LACES get? Are they impacted? We could use their \$?

The Department of Public Health is reviewing the impact of local and State funding reductions on all contracted services, including the Los Angeles County Evaluation Services program. The Department of Public Health will formally notify all contracted

agencies about the County's decision to reduce funding for any affected service. However, the Department of Public Health believes that systemic and ongoing evaluation is a necessary component of quality assurance.

74. Will the residential service providers that service Native American Indians be exempt from reduction or elimination of allocations?

See response to Number 76.

75. How do we participate in the process of determining the RFP process as providers?

See response to Number 72.

76. Post discharge services are being encouraged for persons who complete treatment, e.g., continuing care. Yet none of these services are reimbursed or tracked by the County and State. Is there any plan to put funding out to support these services? They are now provided gratis or supported by private contributions.

The Department of Public Health does not currently have a plan for supplanting public or private funding streams used for continuing care. Post discharge services, such as health care, self-help groups, and trade school, are usually financed through participant contributions or a combination of program-specific, local, State, federal, and private sources.

Comment

77. I would like to compliment all persons involved in the attempt to keep funding available for substance abuse treatment and specific related programs. John Viernes appears to have his "work cut out for him"! Good luck John (welcome to LA County) & to all of us in our quest to continue to provide quality services.

Training Requests

The training related questions below were forwarded to the Pacific Southwest Addictions Technology Transfer Center for follow-up:

78. Request training on motivational interviewing - Verdugo Mental Health
79. Request to be on training list – Center for Counseling
80. Motivational Interviewing training
81. Request for training for counselors and staff - Found Inc.
82. Request for training for: ASI, LACPRS, motivational interviewing, Process Improvement, Treatment Planning/Discharge Planning.
83. Request for additional trainings @ HOPICS for: motivational interviewing, ASI, and contingency management.
84. Would you please provide dates for training on Motivational Interviewing and LACES?
85. Training Request on how to efficiently collect follow-up data.
86. The Salvation Army Harbor Light is in need of training for staff. Request trainings from UCLA.

- 87. Trainings on motivational training for Child & Family Center.
- 88. We need more training on motivational interviewing.
- 89. We need more cost report training and budget preparation training for Singleton Housing Project.
- 90. Provide training on using ASI to develop treatment plans.
- 91. Grandview Foundation, Inc. - Would like training with ASI.

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